

Cascade County Location/Conformance Permit Application

Cascade County Planning Department 121 4th St N, Suite 2H-2I Great Falls, MT 59401

Phone: 406-454-6905 | Fax: 406-454-6919

General Information

A Location/Conformance (L/C) permit is required: (1) for all changes of land use and commercial activities within Cascade County jurisdiction and (2) prior to the construction of all buildings and structures two-hundred (200) square feet or larger on all lands within Cascade County jurisdiction. L/C permits are not required for "site preparation," as defined in the Cascade County Zoning Regulations (CCZR). L/C permits are to be issued for one use and are required for each tract of land. Legally issued L/C permits shall expire one year after the date of approval if construction or the use permitted has not started. A one-time only twelve (12) month extension may be granted by the Zoning Administrator upon request. L/C permit applications require a non-refundable application fee of fifty dollars (\$50.00) unless non-site preparation work started prior to the issuance of an L/C Permit; post-work projects require a non-refundable application fee of two-hundred dollars (\$200.00).

Project Information

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Project Address	92	16- Am	elter ar	ve s	reat of	alls. M	nt	
Estimated Project	Value (\$)							
Property Description	Legal Description	Section 3 Subdivision Part, Tract, Block	Township	ADN Ran	ge 3E	COS No.		
	Parcel No.	24009	350	Geocode	02 43	015-03	-1-14-52-0	
	Total parcel ar	rea L.DOL		Unit: SAcres ☐ Square Feet				
Property Owner	Name	Vine	2 Knle	The state of the s	Thrace of the Walls of the Control o			
	Address 926- Smelter ave.							
	Phone Number 868 - 0894							
Applicant (Contractor, Engineer, etc. that is filling out this form)	Name	Mar	h Wen	oras ev.	nstr.			
	Address 18- Revesuood Jane							
	Phone Number 868-9185 cell - 268-1125							
	Email							
	Preferred Method of Contact Cell please							
Application Type	☐ Change of use		⊠ New build	☑ New build		teration		
	Previous use: Parking Fot							
Use Type	☐ Single-fami ☐ Duplex ☐ Commercia	ily Residential	☐ Multi-family F☐ Mobile Home ☐ Industrial		□ Public/NG □ Sign □ Registered			
				ome Occupation			garage	
Structures	Number of existing structures		2	THE PERSON NAMED IN COLUMN 2 I	ng structure are	a (sq. ft.)	249 4.460	
	Number of pr	roposed structures	s /	Total propo	sed structure a	rea (sq. ft.)	1688	
	Total area of	alteration (sq. ft.)	Kla	Libr .				
Water/Waste	Type of sewa	ge disposal	none	Source of w	ater supply	none.	neestal	

Project Description:
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Submission Checklist
Location/Conformance Permit applications shall be submitted to the Cascade County Planning Office for review. The following checklist must be completed and signed by the applicant before the application can be reviewed. Where applicable, all required permits/forms must be attached to the application.
\square A site plan prepared at a scale not less than one-inch equals one-hundred feet (1" = 100') containing, where applicable, the following minimum information (a site plan is not applicable if it is a change of use):
☐ Name and address of applicant.
☐ Legal description and boundary lines of property being considered for review.
\square Existing and proposed land use upon the site.
☐ Names of owners and existing land use on adjacent property.
\square Location, size, dimensions and uses of existing and proposed buildings and improvements.
☐ Location and description of existing and proposed utilities.
☐ Location and dimensions of curb cuts and access points.
 Location, size, dimensions, and number of off-street parking spaces, including on-site vehicular driveways and type of surface improvements.
\square Location and type of existing and proposed landscaping or buffering.
\square Location, type, and height of existing and proposed fencing and screening.
 Location, type, and height of sight-obscuring improvement surrounding areas of storage for raw materials, finished products, machinery, and equipment.
\square Floodplain permit (attached). This is required if the project is in a regulated floodplain.
\square Approach permit (attached). This is required if the proposed approach is from a county or state road.
\square Addressing application (attached). This is required if the subject property needs a structure addressed.
☐ Septic permit (attached). This is required for projects installing a septic system, re-utilizing a pre-existing septic system, or increasing the capacity of a pre-existing septic system on the subject property.
☐ General Permit for Storm Water Discharge Associated with Construction Activity (attached). This is required for projects that will disturb an acre or more of land.
Attestation Statement and Signature
I hereby certify that the information given herein is true and correct to the best of my knowledge. There are no restrictions placed upon my property which would prohibit the issuance of this permit. If there are any restrictions, then this permit shall become null and void. I hereby grant permission to any Cascade County Zoning Official to enter my property to inspect for compliance with the County Zoning Regulations in relation to this application.
Signature of Applicant: Mach Wonday Date: Lept 4/2020
Signature of Property Owner: Date: 9-4-20
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		OFFICE U	ISE ONL	Y				
Fee(s): □ P	re-work (\$50.00)	■ Post-work	(\$200.00)		☐ Addre	essing (\$25.00)		
Payment Type: ■ Check No.: 5506 □ Cash								
Date Application Received: 09/30/2020 Application Number: 198-2020								
Reasonable Accomm								
Date Application App	oroved:		Арр	roved by (staff):				
Approved Permit Nu	mber:							
		REVIEW	ITEMS					
Zoning District:	Man Resid	lentral						
Restrictions/Covena	nts: ☐ Yes	DrNo □ N/A	Туре:					
Physical/Legal Acces	s: 🄀 Yes	□ No						
Setback Requiremen	ts (ft): Front:	30'	Rear:	10'	Side:	(e'		
Parking Requirement	ts: 📜 Yes	□ No	□ N/A					
	Existing:		Required:		Propo	osed:		
Landscaping Require	ments:	□ No	□ N/A					
	Frontage	Frontage Option: Buffer 0			ion:			
	Administ	Administrative Relief Request		☐ Yes		□ No		
	Administ	Administrative Relief Granted		☐ Yes		□ No		
Height Requirements	s: 🔀 Yes	□ No	□ N/A			100 D-E		
	☐ Airpoi	rt Zone:		™ Military	Overlay	District: NOSTUCTU		
Floodplain:		Ď No				greater than 50		
		ttached:		☐ Yes		□ No		
Variance Request:		□ No		_				
	Variance	Variance Approval Attached:				□ No		
Approach Permit:		™ No						
		n Permit Attached: _		*		□ No		
City-County Health		□ No						
Department Approva	-1: / ·	Permit Attached:		☐ Yes		□ No		
MS4:	☐ Yes	⊠ No	□ N/A					
Addressing Approval	l: ☐ Yes	□ No	💢 N/A					
	Addressi	ng Approval Attache	ed:	_ □ Yes		□ No		
		DATA CO	LLECTION					
Permit Category:	Residential	☐ Public/NGC)	☐ Comme	rcial	☐ Industrial		
	☐ Dwelling Unit(s)		☐ Administrative, Waste Management and			☐ Agriculture, Forestry,		
			Remediation Services Transportation and Warehousing			502 DS03		
			☐ Mining, Quarrying, O & G			Recreation		
Dormit Types	Name of the Control o		☐ Finance and Insurance					
remit Type:			☐ Real Estate and Rental/Leasing			Services		
	STATE OF STA		☐ Prof., Scientific, Tech. Services			☐ Educational Services		
	Social de Mercur arabo de Ambroacas Colonianos		☐ Health Care and Social Assistance			☐ Wholesale Trade		
						iolesale Haue		
Permit Category: Permit Type:		DATA COI Public/NGC Administrati Remediation Transportati Mining, Qua Finance and Real Estate a Prof., Scient Health Care	ve, Waste Man Services on and Warelerrying, O & G Insurance and Rental/Le	Comme anagement and housing rasing vices	☐ Ag Hu ☐ Art Re ☐ Acc Se ☐ Ed	☐ Industrial riculture, Forestry, unting or Fishing ts, Entertainment, ccreation commodation and Food crvices ucational Services		

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